



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

United Healthcare Insurance Company - Ovations Insurance Solutions														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	168	168
PR	2011	0	0	166	0	0	165	0	0	163	0	0	164	658
PR	2012	0	0	163	0	0	161	0	0	161				485
ME	2009	0	0	0	0	0	0	0	0	0	0	0	52,467	52,467
ME	2010	0	0	0	0	0	0	0	0	0	0	0	51,645	51,645
ME	2011	52,874	52,828	52,795	52,896	52,801	52,951	52,948	52,936	53,084	53,223	53,270	52,714	635,320
ME	2012	53,335	53,170	53,104	53,053	53,116	53,206	53,328	53,314	53,389	53,456	53,555		586,026
PV	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PV	2012	0	0	0	0	0	0	0	0	0				0
MC	2008	111,591	103,135	102,286	109,635	108,859	95,640	108,030	109,860	99,316	108,982	102,112	123,056	1,282,502
MC	2009	114,637	107,629	110,891	114,341	114,069	115,686	111,347	108,966	104,447	116,510	101,727	126,909	1,347,159
MC	2010	117,033	95,564	128,769	115,206	117,113	100,875	122,251	108,404	102,354	117,245	108,908	112,683	1,346,405
MC	2011	114,878	106,918	126,861	122,380	109,107	122,945	115,866	116,457	112,344	116,495	115,965	126,973	1,407,189
MC	2012	114,712	125,533	132,071	130,742	143,542	137,540	126,702	132,315	115,967	140,589	121,997		1,421,710
PC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.





